

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 0 0 8

2. STATE:

GEORGIA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.250

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ 8,831,408

b. FFY 2001 \$ 35,325,632

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, page 8a.2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

New

10. SUBJECT OF AMENDMENT:

HOSPITAL OUTPATIENT PAYMENT RATES

GOVERNOR'S REVIEW (Check One):

- ☒
- GOVERNOR'S OFFICE REPORTED NO COMMENT
- 
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- 
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Gary B. Redding

14. TITLE:  
Director, Division of Medical Assistance15. DATE SUBMITTED:  
September 15, 2000

16. RETURN TO:

Georgia Department of Community Health  
Division of Medical Assistance  
2 Peachtree Street, N.W.  
Atlanta, Georgia 30303-3159

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 19, 2000

18. DATE APPROVED:

May 9, 2001

## PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Eugene A. Grasser

22. TITLE: Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES  
FOR OTHER TYPES OF CARE OR SERVICES

- 8g. Effective July 1, 2000 or when a hospital has been designated by the Department of Community Health as meeting conditions to be critical access eligible, whichever occurs later, and subject to the availability of funds, payments will be increased by rate adjustments, as described below.
- For non-public hospitals, rate adjustment payments will be based on the difference between 100% of costs and initial payments for outpatient services provided to Medicaid patients.
- For public hospitals, subject to the upper payment limit for outpatient services, rate adjustment payments will be based on the difference between the greater of each hospital's charges or costs, and initial payments for outpatient services provided to Medicaid patients.
- 8h. Effective July 1, 2000 or when a hospital has been designated by the Department of Community Health as State owned or operated, whichever occurs later, and subject to the availability of funds, payments will be increased by rate adjustments. Subject to the upper payment limit for outpatient services, rate adjustment payments will be based on the difference between the greater of each hospital's charges or costs, and initial payments for outpatient services provided to Medicaid patients.